

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90049 046 ****61.25

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01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7315382

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUSZAGH, LEE
249 E VIRGINIA ST
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GIRARD-STONER, MARIE	
STREET ADDRESS	906 N KROME AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALBERCHAK, JOHN	
STREET ADDRESS	2075 CENTRE PT BLVD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, PAM	
STREET ADDRESS	21 N 3RD ST	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32035	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARELS, JIM	
STREET ADDRESS	495 STATE RD 436	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, R.F. B JR	
STREET ADDRESS	2400 SE MIDPORT RD STE 214	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, SCOTT	
STREET ADDRESS	100 S ASHLEY DR STE 700	
CITY-ST-ZIP	TAMPA, FL 33602	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry Scholnik	
STREET ADDRESS	94 6400 N Congress Ave	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelley Stewart	
STREET ADDRESS	2335 Beville Rd	
CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Broadwater	
STREET ADDRESS	100 S Ashley Dr. Ste 700	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Rylee	
STREET ADDRESS	8751 South US 1	
CITY-ST-ZIP	Port St. Lucie, FL 34952	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/2007